

LAWRENCE LIVERMORE NATIONAL LABORATORY
EXPLOSIVES TRAINING QUALIFICATION RECORD

Name:	Employee No:			
Job Title:	Ext:			
Payroll Organization:	Matrix Organization:			
Category: <input type="checkbox"/> Explosives Aware <input type="checkbox"/> Explosives Support <input type="checkbox"/> Explosives Handler				
EXPLOSIVES JOB DESCRIPTION:				
TRAINING PLAN				
TRAINING	INSTRUCTOR	FROM	TO	COMPLETED (Instructor to initial and date)
HS2016 Explosives Safety Orientation				
Area-specific OJT Tasks: 1 Handling of Explosives 2 Transportation 3 Housekeeping in Explosives Work Areas 4 Labeling 5 Storage Operations 6 Waste management 7 Weight Limits 8 Documentation 9 Processing & Stability Review Dates				
Job-specific OJT Tasks:				

TRAINING PLAN REVIEW			
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Employee	Date	Payroll Supervisor	Date
		<i>* Qualifying Supervisor</i> _____	
Concurrence by:			
<hr/>			
HC Explosives Safety	Date	Mgt. Approval (if required)	Date

EXPLOSIVES-AWARE PERSONNEL			
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Employee	Date		
The above-named employee has completed the required training and is now qualified as Explosives Aware Personnel.			
		Payroll Supervisor	Date
		<i>* Qualifying Supervisor</i> _____	
Concurrence by:			
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HC Explosives Safety	Date	Mgt. Approval (if required)	Date

EXPLOSIVES SUPPORT PERSONNEL			
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Employee	Date		
The above-named employee has completed the required training and is now qualified as Explosives Support Personnel.			
		Payroll Supervisor	Date
		<i>* Qualifying Supervisor</i> _____	
Concurrence by:			
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HC Explosives Safety	Date	Mgt. Approval (if required)	Date

EXPLOSIVES HANDLER			
Employee _____		Date _____	
<p>The above-named employee has completed the required classes and area-specific OJT tasks and is now qualified as an Explosives Handler for general tasks. Job-specific OJT is not yet complete.</p>			
		Payroll Supervisor _____	Date _____
		* <i>Qualifying Supervisor</i> _____	
<p>Concurrence by:</p>			
HC Explosives Safety _____	Date _____	Mgt. Approval (if required) _____	Date _____

COMPLETION OF TASK-SPECIFIC TRAINING			
Employee _____		Date _____	
<p>The above-named employee has completed the above-described training and has met both local area and task specific OJT requirements. I consider him/her to be fully qualified for the explosives handling job specified at the top of the form.</p>			
		Payroll Supervisor _____	Date _____
		* <i>Qualifying Supervisor</i> _____	
<p>Concurrence by:</p>			
HC Explosives Safety _____	Date _____	Mgt. Approval (if required) _____	Date _____

* The signature of the Qualifying Supervisor is required if the qualification responsibility is delegated. In all other cases, write "NA" on that signature line.

DISTRIBUTION: Explosives Safety Engineer, Payroll Supervisor, Employee, Training File

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